

1 CABINET FOR HEALTH SERVICES

2 Commission for Children with Special Health Care Needs

3 Health and Development Division

4 (Emergency Amendment)

5 911 KAR 2:200E. Coverage and payment for Kentucky Early Intervention

6 Program Services.

7 RELATES TO: 20 USC 1471-1485, 34 CFR Part 303

8 STATUTORY AUTHORITY: 20 USC 1473,-34 CFR 303.520-303.528, KRS

9 194A.030(7), 194A.050, 200.650-676

10 NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services  
11 is directed by KRS 200.650 to 200.676 to administer ~~all~~ funds appropriated to  
12 implement provisions, to enter into contracts with service providers, and to promulgate  
13 administrative regulations. This administrative regulation establishes the provisions  
14 relating to early intervention services for which payment shall be made ~~by the First~~  
15 ~~Steps Program~~ on behalf of eligible recipients.

16 Section 1. Definitions. (1) "Cabinet" is defined in KRS 200.654(2) ~~[means the~~  
17 ~~Cabinet for Health Services]~~.

18 (2) "CCSHCN" means the Commission for Children with Special Health Care  
19 Needs

20 (3) "Collateral service" means:

21 (a) Face-to-face consultation and planning with IFSP team members while

1 attending an IFSP team meeting or an Admission and Release Committee (ARC)  
2 meeting; or

3 (b) Face-to-face or telephone consultation by a team member with a child's  
4 physician for developmentally related needs.

5 (4) "Commercial transportation carrier" means a commercial carrier, including a  
6 taxi cab, that is licensed to transport a member of the general public.

7 (5) [(3)] "Direct contact" means an activity or contact that is:

8 (a) Face to face ~~[or by telephone,]~~ with a [the] child, or on behalf of a [the] child,  
9 with a [the] parent, family or person in custodial control of a child, a professional or other  
10 service provider, or other significant person; and

11 (b) Not the direct supervision of a paraprofessional by a professional.

12 (6) "Family" means a parent of a child eligible for First Steps and his adoptive or  
13 biological children.

14 (6) [(4)] "First Steps" means Kentucky's early intervention system ~~[as]~~ established  
15 by KRS 200.650 through 200.676.

16 (7) [(5)] "Noncommercial group carrier" means a vendor who provides bus or  
17 bus-type transportation to an identifiable segment of the population eligible for service  
18 from the carrier.

19 (8) [(6)] "Period of eligibility" means from the date the child was determined  
20 eligible to:

21 (a) The date of the child's third birthday; or

22 (b) [prior to the child's third birthday, to] The date the child is determined to meet  
23 developmental milestones and therefore, is no longer eligible, if prior to his third birthday

1 [ineligible].

2 (9) [(7)] "Private automobile carrier" means a person owning or having access to  
3 a private vehicle not used for commercial transportation purposes and who uses that  
4 vehicle for the occasional transportation of an eligible child ~~[children]~~.

5 (10) [(8)] "Provider" means an agency, person, or other entity that meets the  
6 requirements for approval as established in 911 KAR 2:100 through 911 KAR 2:180 and  
7 this administrative regulation and who signs an agreement with the Commission for  
8 Children with Special Health Care Needs (CCSHCN).

9 (11) [(9)] "Therapeutic intervention" means:

10 (a) Face-to-face ~~[treatment of the child or]~~ intervention with the child and, if  
11 possible, with caregivers, within ~~[in]~~ the context of the ~~[caregivers and]~~ environment; and

12 (b) Not consultation and planning.

13 (12) [(10)] "Usual and customary charge" means the uniform amount that ~~[which]~~  
14 the individual provider charges in the majority of the cases for a specific service.

15 Section 2. Participation Requirements. [(4)] An early intervention provider that  
16 requests to participate as an approved First Steps provider shall comply with the  
17 following:

18 (1) [(a)] Submit to an annual review by the CCSHCN, or its agent, for compliance  
19 with 911 KAR 2:100 through 911 KAR 2:180 and this administrative regulation;

20 (2) [(b)] Meet the qualifications for a professional or paraprofessional established  
21 in 911 KAR 2:150 or employ or contract with a professional or paraprofessional ~~[staff]~~  
22 who meets the qualifications established in 911 KAR 2:150;

23 (3) [(c)] Ensure that a professional or paraprofessional employed by the provider

1 who:-

2 ~~1. That each professional or staff who is employed by the provider and~~ provides  
3 a service in the First Steps Program shall attend a minimum of a one (1) day, not to  
4 exceed an eight (8) hour period, training on First Steps' philosophy, practices, and  
5 procedures provided by First Steps representatives prior to providing First Steps  
6 services; ~~and~~

7 ~~2. That each professional or staff who is employed by the provider and Presently~~  
8 ~~providing a First Steps service shall have evidence of equivalent training];~~

9 ~~(4)[(d)]~~ Agree to provide First Steps services according to an individualized family  
10 service plan as required in 911 KAR 2:130;

11 ~~(5)[(e)]~~ Agree to maintain and to submit as requested by the CCSHCN ~~[and to~~  
12 ~~maintain all]~~ required information, records, and reports to insure compliance with 911  
13 KAR 2:100 through 911 KAR 2:180 and this administrative regulation;

14 ~~(6)[(f)]~~ Establish a contractual arrangement with the Cabinet for Health Services  
15 for the provision of First Steps services; and

16 ~~(7)[(g)]~~ Agree to provide upon request information necessary for reimbursement  
17 for services by the Cabinet for Health Services in accordance with this administrative  
18 regulation, which shall include the tax identification number and usual and customary  
19 charges.

20 ~~[(2) The CCSHCN shall grant provider approval for participation to a provider~~  
21 ~~who meets the criteria established in subsection (1) of this section.]~~

22 Section 3. Reimbursement. The CCSHCN shall reimburse a participating First  
23 Steps provider the lower of the actual billed charge for the service or the

1 ~~[preestablished]~~ fixed upper limit established in this Section for the service being  
2 provided ~~[taking into consideration information available to the CCSHCN with regard to~~  
3 ~~cost and the CCSHCN's estimate as to the amount necessary to secure the service]~~.

4 (1) A charge submitted to the CCSHCN shall be the provider's usual and  
5 customary charge for the same service.

6 (2) The ~~[preestablished]~~ fixed upper limit ~~[fee]~~ for services shall be as follows:

7 (a) Primary service coordination. ~~[:]~~ Primary service coordination shall be  
8 provided by face-to-face contact or by telephone on behalf of a child, with a parent,  
9 family or person in custodial control of a child, a professional or other service provider,  
10 or other significant person.

11 1. In the office, the fee shall be sixty-one (61) ~~[sixty-five (65)]~~ dollars per hour of  
12 ~~[direct contact]~~ service.

13 2. In the home or community site, the fee shall be eighty-three (83) ~~[eighty-eight~~  
14 ~~(88)]~~ dollars per hour of ~~[direct contact]~~ service.

15 (b) Initial service coordination. ~~[:]~~ Initial service coordination shall be provided by  
16 face-to-face contact, in accordance with 911 KAR 2:110, Section 1(6)(d) and (7), or by  
17 telephone on behalf of a child, with a parent, family or person in custodial control of a  
18 child, a professional or other service provider, or other significant person.

19 1. In the office, the fee shall be sixty-eight (68) dollars per hour of ~~[direct contact]~~  
20 service.

21 2. In the home or community site, the fee shall be ninety-one (91) dollars per  
22 hour of ~~[direct contact]~~ service.

23 (c) Primary level evaluation. ~~[:]~~ The developmental component of the primary

1 level evaluation shall be provided by face-to-face contact with the child and parent or  
2 person with custodial control of the child.

3 1. In the office or center based site, the fee shall be \$225 [~~250~~] per service event.

4 2. In the home or community site, the fee shall be \$225 [~~250~~] per service event.

5 (d) Intensive clinic evaluation. [:] The intensive level evaluation shall be provided  
6 by face-to-face contact with the child and parent or person with custodial control of the  
7 child.

8 1. In the office or center-based site the fee shall be \$1,100 per service event.

9 2. In the community site the fee shall be \$1,100 [~~1,000~~] per service event.

10 (e) Service assessment in accordance with Section 4(3) of this administrative  
11 regulation:

12 1. For an audiologist:

13 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
14 hour of direct contact service.

15 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
16 service.

17 2. For a family therapist:

18 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
19 hour of direct contact service.

20 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
21 service.

22 3. For a licensed psychologist or certified psychologist with autonomous  
23 functioning:

1 a. In the office or center based site, the fee shall be \$186 [207] per hour of direct  
2 contact service.

3 b. In the home or community site, the fee shall be \$241 [268] per hour of direct  
4 contact service.

5 4. For a developmental interventionist:

6 a. In the office or center based site, the fee shall be seventy-eight (78) [eighty-  
7 ~~three (83)~~] dollars per hour of direct contact service.

8 b. In the home or community site, the fee shall be ninety-seven (97) dollars  
9 [~~\$108~~] per hour of direct contact service.

10 5. For a registered nurse:

11 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
12 hour of direct contact service.

13 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
14 service.

15 6. For a nutritionist:

16 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
17 hour of direct contact service.

18 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
19 service.

20 7. For a dietitian:

21 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
22 hour of direct contact service.

23 b. In the home or community site, the fee shall be \$112 per hour of direct contact

1 service.

2 8. For an occupational therapist:

3 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
4 hour of direct contact service.

5 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
6 service.

7 9. For an orientation and mobility specialist:

8 a. In the office or center based site, the fee shall be seventy-eight (78) [eighty-  
9 ~~three (83)]~~ dollars per hour of direct contact service.

10 b. In the home or community site, the fee shall be ninety-seven (97) dollars  
11 [~~\$108~~] per hour of direct contact service.

12 10. For a physical therapist:

13 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
14 hour of direct contact service.

15 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
16 service.

17 11. For a speech therapist:

18 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
19 hour of direct contact service.

20 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
21 service.

22 12. For a social worker:

23 a. In the office or center based site, the fee shall be seventy-eight (78) dollars



1 ~~[eighty-three (83)]~~ per hour of direct contact service.

2 b. In the home or community site, the fee shall be ninety-seven (97) dollars  
3 ~~[\$108]~~ per hour of direct contact service.

4 13. For a teacher of the deaf and hard of hearing:

5 a. In the office or center based site, the fee shall be seventy-eight (78) dollars  
6 ~~[eighty-three (83)]~~ per hour of direct contact service.

7 b. In the home or community site, the fee shall be ninety-seven (97) dollars  
8 ~~[\$108]~~ per hour of direct contact service.

9 14. For a teacher of the visually impaired:

10 a. In the office or center based site, the fee shall be seventy-eight (78) dollars  
11 ~~[eighty-three (83)]~~ per hour of direct contact service.

12 b. In the home or community site, the fee shall be ninety-seven (97) dollars  
13 ~~[\$108]~~ per hour of direct contact service.

14 15. For an assistive technology specialist:

15 a. In the office or center based site, the fee shall be eighty-six (86) dollars per  
16 hour of direct contact service.

17 b. In the home or community site, the fee shall be \$112 per hour of direct contact  
18 service.

19 (f) Therapeutic intervention and collateral services in accordance with Section  
20 4(4), (6) and (7) of this administrative regulation:

21 1. For an audiologist:

22 a. In the office or center based site, the fee for a:

23 (i) Collateral service or a therapeutic intervention other than co-treatment shall be

1 sixty-three (63) [seventy (70)] dollars per hour of [~~direct contact~~] service.

2 (ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

3 b. In the home or community site, the fee for a

4 (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
5 eighty-nine (89) [ninety-four (94)] dollars per hour of [~~direct contact~~] service.

6 (ii) Co-treatment shall be forty-five (45) dollars per hour of service.

7 2. For a family therapist:

8 a. In the office or center based site, the fee for a:

9 (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
10 sixty-three (63) [seventy (70)] dollars per hour of [~~direct contact~~] service.

11 (ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

12 b. In the home or community site, the fee for a:

13 (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
14 eighty-nine (89) [ninety-four (94)] dollars per hour of [~~direct contact~~] service.

15 (ii) Co-treatment shall be forty-five (45) dollars per hour of service.

16 3. For a licensed psychologist or certified psychologist with autonomous  
17 functioning:

18 a. In the office or center based site, the fee for a:

19 (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
20 \$139 [155] per hour of [~~direct contact~~] service.

21 (ii) Co-treatment shall be seventy (70) dollars per hour of service.

22 b. In the home or community site, the fee for a:

23 (i) Collateral service or a therapeutic intervention other than co-treatment shall be

1    \$203 [226] per hour of [direct contact] service.

2           (ii) Co-treatment shall be \$102 per hour of service.

3           4. For a certified psychological associate:

4           a. In the office or center based site, the fee for a:

5           (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
6    \$104 [446] per hour of [direct contact] service.

7           (ii) Co-treatment shall be fifty-two (52) dollars per hour of service.

8           b. In the home or community site, the fee for a:

9           (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
10   \$153 [470] per hour of ~~direct contact~~ service.

11          (ii) Co-treatment shall be seventy-seven (77) dollars per hour of service.

12          5. For a developmental interventionist:

13          a. In the office or center based site, the fee for a:

14          (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
15   sixty-one (61) [sixty-eight (68)] dollars per hour of [direct contact] service.

16          (ii) Co-treatment shall be thirty-one (31) dollars per hour of service.

17          b. In the home or community site, the fee for a:

18          (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
19   eighty-one (81) [ninety-one (91)] dollars per hour of [direct contact] service.

20          (ii) Co-treatment shall be forty-one (41) dollars per hour of service.

21          6. For a developmental associate:

22          a. In the office or center based site, the fee for a:

23          (i) Collateral service or a therapeutic intervention other than co-treatment shall be

forty-five (45) [fifty-one (51)] dollars per hour of ~~[direct contact]~~ service.

(ii) Co-treatment shall be twenty-three (23) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be sixty-eight (68) dollars per hour of ~~[direct contact]~~ service.

(ii) Co-treatment shall be thirty-four (34) dollars per hour of service.

7. For a developmental assistant, in the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be ten (10) dollars per hour of direct contact service.

(ii) Co-treatment shall be five (5) dollars per hour of service.

8. For a registered nurse:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be sixty-three (63) [seventy (70)] dollars per hour of ~~[direct contact]~~ service.

(ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be eighty-nine (89) [ninety-four (94)] dollars per hour of ~~[direct contact]~~ service.

(ii) Co-treatment shall be forty-five (45) dollars per hour of service.

9. For a licensed practical nurse:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be twenty-four (24) dollars per hour of ~~[direct contact]~~ service.

1        (ii) Co-treatment shall be twelve (12) dollars per hour of service.

2        b. In the home or community site, the fee for a:

3        (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
4        thirty-two (32) dollars per hour of [~~direct contact~~] service.

5        (ii) Co-treatment shall be sixteen (16) dollars per hour of service.

6        10. For a nutritionist:

7        a. In the office or center based site, the fee for a:

8        (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
9        sixty-three (63) [~~seventy (70)~~] dollars per hour of [~~direct contact~~] service.

10       (ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

11       b. In the home or community site, the fee for a:

12       (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
13       eighty-nine (89) [~~ninety-four (94)~~] dollars per hour of [~~direct contact~~] service.

14       (ii) Co-treatment shall be forty-five (45) dollars per hour of service.

15       11. For a dietitian:

16       a. In the office or center based site, the fee for a:

17       (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
18       sixty-three (63) [~~seventy (70)~~] dollars per hour of [~~direct contact~~] service.

19       (ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

20       b. In the home or community site, the fee for a:

21       (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
22       eighty-nine (89) [~~ninety-four (94)~~] dollars per hour of [~~direct contact~~] service.

23       (ii) Co-treatment shall be forty-five (45) dollars per hour of service.

12. For an occupational therapist:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be  
sixty-three (63) [seventy (70)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be  
eighty-nine (89) [ninety-four (94)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be forty-five (45) dollars per hour of service.

13. For an occupational therapist assistant:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be  
forty-six (46) [fifty-two (52)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be twenty-three (23) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be  
seventy (70) dollars per hour of [direct contact] service.

(ii) Co-treatment shall be thirty-five (35) dollars per hour of service.

14. For an orientation and mobility specialist:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be  
sixty-one (61) [sixty-eight (68)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be thirty-one (31) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be eighty-one (81) [ninety-one (91)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be forty-one (41) dollars per hour of service.

15. For a physical therapist:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be sixty-three (63) [seventy (70)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be eighty-nine (89) [ninety-four (94)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be forty-five (45) dollars per hour of service.

16. For a physical therapist assistant:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be forty-six (46) [fifty-two (52)] dollars per hour of [direct contact] service.

(ii) Co-treatment shall be twenty-three (23) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be seventy (70) dollars per hour of [direct contact] service.

(ii) Co-treatment shall be thirty-five (35) dollars per hour of service.

17. For a speech therapist:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be sixty-three (63) [~~seventy (70)~~] dollars per hour of [~~direct contact~~] service.

(ii) Co-treatment shall be thirty-two (32) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be eighty-nine (89) [~~ninety-four (94)~~] dollars per hour of [~~direct contact~~] service.

(ii) Co-treatment shall be forty-five (45) dollars per hour of service.

18. For a speech therapist assistant:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be forty-six (46) [~~fifty-two (52)~~] dollars per hour of [~~direct contact~~] service.

(ii) Co-treatment shall be twenty-three (23) dollars per hour of service.

b. In the home or community site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be seventy (70) dollars per hour of direct contact service.

(ii) Co-treatment shall be thirty-five (35) dollars per hour of service.

19. For a social worker:

a. In the office or center based site, the fee for a:

(i) Collateral service or a therapeutic intervention other than co-treatment shall be sixty-one (61) [~~sixty-eight (68)~~] dollars per hour of [~~direct contact~~] service.

(ii) Co-treatment shall be thirty-one (31) dollars per hour of service.

b. In the home or community site, the fee for a:



1        (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
2 eighty-one (81) [ninety-one (91)] dollars per hour of [~~direct contact~~] service.

3        (ii) Co-treatment shall be forty-one (41) dollars per hour of service.

4        20. For a teacher of the deaf and hard of hearing:

5        a. In the office or center based site, the fee for a:

6        (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
7 sixty-one (61) [sixty-eight (68)] dollars per hour of [~~direct contact~~] service.

8        (ii) Co-treatment shall be thirty-one (31) dollars per hour of service.

9        b. In the home or community site, the fee for a:

10       (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
11 eighty-one (81) [ninety-one (91)] dollars per hour of [~~direct contact~~] service.

12       (ii) Co-treatment shall be forty-one (41) dollars per hour of service.

13       21. For a teacher of the visually impaired:

14       a. In the office or center based site, the fee for a:

15       (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
16 sixty-one (61) [sixty-eight (68)] dollars per hour of [~~direct contact~~] service.

17       (ii) Co-treatment shall be thirty-one (31) dollars per hour of service.

18       b. In the home or community site, the fee for a:

19       (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
20 eighty-one (81) [ninety-one (91)] dollars per hour of [~~direct contact~~] service.

21       (ii) Co-treatment shall be forty-one (41) dollars per hour of service.

22       22. For a physician providing a collateral service in the office or center based  
23 site, the fee shall be seventy-six (76) dollars per hour of [~~direct contact~~] service. A

1 physician shall not receive reimbursement for therapeutic intervention.

2 23. For an assistive technologist specialist:

3 a. In the office or center based site, the fee for a:

4 (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
5 sixty-one (61) [sixty-eight (68)] dollars per hour of [direct contact] service.

6 (ii) Co-treatment shall be thirty-one (31) dollars per hour of service.

7 b. In the home or community site, the fee for a:

8 (i) Collateral service or a therapeutic intervention other than co-treatment shall be  
9 eighty-one (81) [ninety-one (91)] dollars per hour of [direct contact] service.

10 (ii) Co-treatment shall be forty-one (41) dollars per hour of service.

11 (g) Respite shall be seven (7) dollars and sixty (60) cents per hour.

12 (h) Integrated disciplines center-based services shall be fifty-three (53) [fifty-six  
13 (56)] dollars per hour of direct contact service.

14 (3) Except as specified in subsection (4) of this section, a payment for  
15 [professional or staff] services listed in subsection (2) of this section shall be based on a  
16 unit of service in fifteen (15) minute [minutes] increments.

17 (a) For therapeutic intervention or collateral services, units shall be determined  
18 using the beginning and ending time for a service documented in accordance with 911  
19 KAR 2:130, Section 2(9)(g)1. that shall be computed as follows:

20 1. Fifteen (15) to twenty nine (29) minutes equal one (1) unit;

21 2. Thirty (30) to forty four (44) minutes equal two (2) units;

22 3. Forty five (45) to fifty nine (59) minutes equal three (3) units; and

23 4. Sixty (60) to seventy four (74) minutes equal four (4) units.

1        (b)1. For service coordination services, units shall be determined using the  
2 beginning and ending time for a service documented in accordance with 911 KAR  
3 2:130, Section 2(9)(g)1. that shall be computed as follows:

4        2. One (1) to twenty two (22) minutes equal one (1) unit;

5        3. Twenty three (23) to thirty seven (37) minutes equal two (2) units;

6        4. Thirty eight (38) to fifty two (52) minutes equal three (3) units; and

7        5. Fifty three (53) to sixty seven (67) minutes equal four (4) units.

8        6. Service coordination minutes spent over the course of a day on a child or  
9 family shall be accumulated at the end of that day in order to determine the number of  
10 units used.

11        (4) A payment for a primary or intensive evaluation listed in subsection (2) of this  
12 section shall be based on a complete evaluation as a single unit of service.

13        (5)(a) Except for an augmentative hearing device which is anticipated to cost in  
14 excess of \$500, a payment for an assistive technology device, including ear molds,  
15 replacement wiring, batteries, etc. shall be based on the actual invoiced cost, including  
16 the cost of shipping and handling, for the authorized equipment included in the  
17 individualized family service plan.

18        (b) If a child is determined to need an augmentative hearing device that is  
19 anticipated to cost in excess of \$500, such as an FM system or hearing aid, the family  
20 shall be referred to the CSHCN office serving the family's county of residence.

21        (6) Payment for transportation shall be the lesser of the billed charge or:

22        (a) For a commercial transportation carrier:

23        1. An amount derived by multiplying one (1) dollar by the actual number of

loaded miles using the most direct route; or

2. The metered amount plus an administration charge not to exceed twelve (12) percent of metered amount.

(b) For a private automobile carrier, an amount equal to twenty-five (25) cents per loaded mile transported;

(c) For a noncommercial group carrier, an amount equal to fifty (50) cents per eligible child per mile transported.

(7) A payment for a single professional or paraprofessional group intervention service, with a minimum of one (1) professional or paraprofessional who can practice without direct supervision shall be thirty-two (32) ~~[thirty-six (36)]~~ dollars per child hour of direct contact service for each child in the group with a limit of three (3) eligible children per professional or paraprofessional.

(8) A payment for a multiprofessional or paraprofessional group intervention service, with a minimum of two (2) professionals or paraprofessionals who can practice without direct supervision, shall be forty-one (41) ~~[forty-six (46)]~~ dollars per child hour of direct contact service for each eligible child in the group with a limit of three (3) eligible children per professional or paraprofessional.

Section 4. Limitations. (1) For primary service coordination, payment shall be limited to no more than fifteen (15) hours (or sixty (60) units) per child per six (6) month period unless preauthorized by the CCSHCN. If submitting a prior authorization request to the CCSHCN, the request shall be sent to the Payment Authorization Coordinator, CCSHCN, 982 Eastern Parkway, Louisville, Kentucky 40217, and shall include:

(a) The number of additional fifteen (15) minute units requested;

1        (b) A copy of the current IFSP;

2        (c) A detailed description of how and when the additional units are to be used;

3        and

4        (d) A plan for how primary service coordination will be provided in an effective  
5        and efficient manner that will prevent the future need for additional units beyond the limit  
6        of sixty (60) units of service per six (6) month period.

7        (2) For initial service coordination, payment shall be limited to no more than  
8        twenty-five (25) hours (or 100 units) per child per period of eligibility unless  
9        preauthorized by the CCSHCN.

10       (3) For service assessment:

11       (a) Payment shall be limited to no more than two and one-half (2 1/2) hours per  
12       child per discipline per assessment unless preauthorized by the CCSHCN.

13       (b) Payment shall be limited to four (4) assessments per discipline per child from  
14       birth to the age of three (3) unless preauthorized by the CCSHCN.

15       (c) A service assessment payment shall not be made for the provision of routine  
16       therapeutic intervention services by a discipline in the general practice of that discipline.  
17       Payment for a unit of service assessment shall be restricted to the needs for additional  
18       testing or other activity by the discipline that go beyond routine practice. Routine activity  
19       of assessing outcomes shall be billed as therapeutic intervention.

20       (4) For therapeutic intervention, unless prior authorized by the CCSHCN in  
21       accordance with Section 5 of this administrative regulation, limitations for payment of  
22       services shall be as follows:

23       (a) For office and center:

1 1. Payment shall be limited to no more than one (1) combined hour of service per  
2 week [~~day~~] per child per discipline by a:

3 a. Professional meeting the qualifications in 911 KAR 2:150; or

4 b. Paraprofessional meeting the qualifications in 911 KAR 2:150 [~~for each~~  
5 ~~professional or discipline and paraprofessional unless preauthorized by the CSHCN~~].

6 2. Payment shall be limited to no more than one (1) office visit per child, per day,  
7 per discipline [~~unless preauthorized by the CSHCN~~] except that billing for a collateral  
8 service while participating in an IFSP meeting or an ARC meeting in the same day shall  
9 be allowed.

10 (b) For home and community sites:

11 1. Payment shall be limited to no more than one (1) combined hour of service per  
12 week [~~day~~] per child per discipline by a:

13 a. Professional meeting the qualifications in 911 KAR 2:150; or

14 b. Paraprofessional meeting the qualifications in 911 KAR 2:150 [~~for each~~  
15 ~~professional or discipline and paraprofessional unless preauthorized by the CSHCN~~]

16 2. Payment shall be limited to no more than three (3) disciplines per child per day  
17 [~~unless preauthorized by the CSHCN~~] except that billing for collateral while  
18 participating in an IFSP meeting or an ARC meeting in the same day shall be allowed.

19 (c) For group:

20 1. In a group setting the service time for each professional or discipline and  
21 paraprofessional may extend to the time period of the group, not to exceed two and  
22 one-half (2 1/2) hours per day, five (5) hours per week[, ~~unless preauthorized by the~~  
23 ~~CSHCN~~].

2. The ratio of staff to children in group therapeutic intervention shall be limited to a maximum of three (3) children per professional [~~or discipline~~] and paraprofessional per group[~~, unless preauthorized by the CCHCN~~].

(d) Payment for a service shall be limited to a service that is authorized by the entire IFSP team. In accordance with 911 KAR 2:130, Section 2(6) or (7).

(5) For respite, payment shall:

(a) Be limited to no more than eight (8) hours of respite per month, per eligible child;

(b) Not be allowed to accumulate beyond each month; and

(c) Be limited to families in crisis, or strong potential for crisis without the provision of respite.

(6) For collateral services, payment for:

(a) Attendance at (1) one ARC meeting held prior to a child's third birthday shall be limited to two (2) professionals or paraprofessionals selected by the IFSP team; and

(b) Participation at an initial IFSP meeting by a primary level evaluator shall be limited to an evaluator who has provided feedback and interpretation of the evaluation to the family prior to the IFSP meeting in accordance with 911 KAR 2:120E, Section 1(4)(d)2.b.. Payment shall be at the collateral services rate for the discipline that the evaluator represents.

(7) For co-treatment, payment shall be limited to three (3) disciplines providing services concurrently.

Section 5. Prior authorization process.

(1) Requests for payment for services beyond the limits established in Section 4

1 of this administrative regulation shall be submitted to the Payment Authorization  
2 Coordinator, CCSHCN, 982 Eastern Parkway, Louisville, Kentucky, 40217 prior to the  
3 service being delivered and shall include the following:

4 (a) A cover letter describing:

5 1. Outcomes related to the request;

6 2. Disciplines involved;

7 3. Amount of time requested;

8 4. A description of how long the additional time is needed in order to meet the  
9 outcomes on the IFSP; and

10 5. A description of how the additional time will be incorporated into the child's  
11 natural environment and how skills shall be transferred to the parents, caregivers, and  
12 other members of the IFSP team;

13 (b) The medical component of the primary level evaluation in accordance with  
14 911 KAR 2:120, Section 1(4)(d)1., which shall include the following:

15 1. History;

16 2. Physical exam;

17 3. Hearing screening;

18 4. Vision screening;

19 5. Other available reports from medical specialists;

20 (c) Developmental evaluation reports in accordance with 911 KAR 2:120, Section  
21 1(4)(d)2., which shall include the following:

22 1. Primary level evaluation report; and

23 2. Intensive level evaluation report, if applicable;



1        (d) IFSP team member reports completed within the last twelve (12) months by  
2 the disciplines involved, including:

3        1. Assessments; and

4        2. Six (6) month progress reports;

5        (e) IFSP documents from the last twelve (12) months;

6        (f) Payor of Last Resort Form, along with available supporting documentation,  
7 including:

8        1. Requests submitted to other payors; and

9        2. Responses from payor sources;

10       (g) Transfer of Skills Form; and

11       (h) Service Planning Activity Matrix Form.

12       (2) If the authorization panel is not in agreement regarding payment of service  
13 time beyond the one hour per week:

14       (a) The child's IFSP team shall be asked to reconvene for a meeting;

15       (b) A member of the panel shall participate in the meeting to clearly convey the  
16 concerns of the panel; and

17       (c) If the IFSP team concludes that the services are still needed, payment for the  
18 service shall be authorized for the duration of the current IFSP.

19       Section 6[5]. Sliding Fee. (1) Families are required to participate in the payment  
20 of services based on a sliding fee scale, except that no charge shall be made for the  
21 following functions:

22       (a) Child find;

23       (b) Evaluation and assessment;

1 (c) Service coordination; and

2 (d) Administrative and coordinative activities including development, review, and  
3 evaluation of individualized family service plans, and the implementation of procedural  
4 safeguards.

5 (2) Payment of fees shall be for the purpose of:

6 (a) Maximizing ~~[all]~~ available sources of funding for early intervention services;  
7 and

8 (b) Giving ~~[To give]~~ families an opportunity to assist with the cost of services where  
9 there is a means to do so, in a family share approach.

10 (3) The family share payment shall:

11 (a) Be explained to the family by the service coordinator;

12 (b) Be an income-based monthly fee, and with the exception established in  
13 paragraph (d) of this subsection, shall begin in the month of the IFSP, at the time  
14 services are authorized, and continuing for the duration of participation in early  
15 intervention services, as determined by:

16 1. Level of gross income identified on last Federal Internal Revenue Service  
17 statement, as reported by each household member; or from the federal taxable gross  
18 income column on the pay stubs of each household member.

19 2. Level of income matched with level of poverty, utilizing the federal poverty  
20 guidelines as published annually by the Federal Department of Health and Human  
21 Services, based on the following scale:

22 a. Below 200 percent of poverty there shall be no payment;

23 b. From 200 percent of poverty to 299 percent the payment shall be twenty (20)

dollars per month of participation;

c. From 300 percent of poverty to 399 percent the payment shall be thirty (30)

dollars per month of participation;

d. From 400 percent of poverty to 499 percent the payment shall be forty (40)

dollars per month of participation;

e. From 500 percent of poverty and over the payment shall be fifty (50) dollars per month of participation;

(c) Not apply to a child receiving Medicaid or Kentucky Children's Health Insurance Program (KCHIP) benefits;

(d) Not apply to a family who receives only evaluation, assessment, service coordination services or IFSP development in the initial calendar month of eligibility.

The service coordinator shall notify the CCSHCN First Steps Financial Case Manager immediately if the initial IFSP date is different than the month that therapeutic intervention services are started.

(e) Not apply to a family that shall not receive services except those described in paragraph (d) of this subsection for two or more months if prior authorized by the CCSHCN First Steps Financial Case Manager in accordance with subparagraphs 1. and 2. of paragraph (f) of this subsection. A request shall not be submitted for a retroactive period unless an extenuating circumstance occurs such as an unexpected hospitalization.

(f) Not prevent a child from receiving services if the family shows to the satisfaction of the CCSHCN an inability to pay, in accordance with the following:

1. The service coordinator shall submit to the CCSHCN First Steps Financial Case

1 Manager, on behalf of the family, a waiver request to have the amount of the family  
2 share payment reduced or eliminated for a period not to exceed three (3) calendar  
3 months. A request shall not be submitted for a retroactive period unless extenuating  
4 circumstances, such as an unexpected hospitalization, occurs. A family that has a  
5 waiver in place as of January 1, 2003 shall have the waiver reviewed at the next IFSP  
6 meeting for compliance with this Section.

7 2. The family shall undergo a financial review by the CCSHCN that may:

8 a. Adjust the gross household income by subtracting extraordinary medical costs,  
9 equipment costs, exceptional child care costs, and other costs of care associated with  
10 the child's other family members' disabilities; and

11 b. Result in a calculation of a new family share payment amount based on the  
12 family's adjusted income compared to the percentage of the poverty level established in  
13 paragraph (b)2. of this subsection. If a recalculation is completed, the CCSHCN shall  
14 conduct a review at least quarterly; or

15 c. Suspend or reduce the family share payment, based on a verified financial crisis  
16 that would be exacerbated by their obligated family share payment. The CCSHCN shall  
17 conduct a review at least quarterly.

18 (g) Not apply to a family who chooses to use their private insurance if the amount  
19 of insurance monies received and applied to the family's services in the calendar year is  
20 equal to or greater than the sum of the obligated amount of family share during the  
21 same calendar year.

22 (4) Income and insurance coverage shall be verified at six-month intervals, and  
23 more often if changes in household income shall result in a change in the amount of the

1 obligated family share payment.

2 (5) A family that refuses to have its income verified shall be assessed a family  
3 share payment of fifty (50) dollars per month of participation.

4 (6) Unless there is a religious reason, a family that is potentially eligible for and  
5 refuses to apply for Medicaid or KCHIP shall be assessed a family share payment of  
6 fifty (50) dollars per month of participation,

7 (7) If multiple children in a family receive early intervention services, the family  
8 share payment shall be the same as if there were one (1) child receiving services;

9 (8) If a family has the ability to pay the family share but refuses to do so for three  
10 consecutive months, the child shall be discharged from the First Steps program.

11 (9) A family who chooses to use private insurance for payment of a First Steps  
12 service shall not be responsible for payment of insurance deductibles or co-payments  
13 related to this service. First Steps shall assume payment of First Steps related  
14 coinsurance and deductibles.

15 (10) The CCSHCN shall pursue third party payments for services received by  
16 Medicaid recipients pursuant to 907 KAR 1:011, Section 10, and 907 KAR 1:005.

17 Section 6. Incorporated by Reference.

18 (1) The following material is incorporated by reference:

19 (a) Payor of Last Resort Form, December 2002;

20 (b) Transfer of Skills Form, December 2002; and

21 (c) Service Planning Activity Matrix Form, December 2002.

22 (2) This material may be inspected, copied, or obtained, subject to applicable  
23 copyright law, at the Commission for Children with Special Health Care Needs, 982

1 Eastern Parkway, Louisville, Kentucky 40217, Monday through Friday, 8 a.m. to 4:30  
2 p.m.

3 Section 7. The provisions of this administrative regulation shall be effective with  
4 services submitted for payment on or after January 1, 2003.

5 ~~[(3) The family share payment shall:~~

6 ~~(a) Be an income-based flat monthly fee for the duration of participation in early~~  
7 ~~intervention services, as determined by:~~

8 ~~1. Level of family gross income identified on last Federal Internal Revenue~~  
9 ~~Service statement, as reported by family;~~

10 ~~2. Level of income matched with level of poverty, utilizing the federal poverty~~  
11 ~~measure, poverty guidelines as published annually by the Federal Department of Health~~  
12 ~~and Human Services, based on the following scale:~~

13 ~~a. Below 200 percent of poverty there shall be no payment;~~

14 ~~b. From 200 percent of poverty to 300 percent the payment shall be twenty (20)~~  
15 ~~dollars per month of participation;~~

16 ~~c. From 300 percent of poverty to 400 percent the payment shall be thirty (30)~~  
17 ~~dollars per month of participation;~~

18 ~~d. From 400 percent of poverty to 500 percent the payment shall be forty (40)~~  
19 ~~dollars per month of participation; or~~

20 ~~e. From 500 percent of poverty and over the payment shall be fifty (50) dollars~~  
21 ~~per month of participation.~~

22 ~~(b) Not apply to children eligible for Medicaid;~~

23 ~~(c) Not prevent a child from receiving services if family shows to the satisfaction~~

of the CCHCN an inability to pay:

1. By submitting to the state coordinator a request to have the amount of the family share payment reduced or be exempted from paying the family share payment; and

2. By undergoing a financial review by the CCHCN which may:

a. Adjust the gross family income by subtracting extraordinary medical costs, equipment costs, exceptional child care costs, and other costs of care associated with the child's disability; and

b. Result in a calculation of a new family share payment amount based on the family's adjusted income compared to the appropriate percentage of the poverty level. If a recalculation is completed, the CCHCN shall conduct a review at least annually.

(d) Not apply to a family who chooses to use their private insurance.

(4) A family who chooses to use its private insurance for payment of a First Steps service shall not be responsible for payment of insurance deductibles or copayments related to this service. Payment of First Steps related coinsurance and deductibles shall be assumed by First Steps.]